

DOCKET NO. *RM-11032*

C 70203

**CERTIFIED
MAIL**

ORDER DATED <i>8/19/04</i>
FEE <i>34-2505</i>
MIMEOGRAPH NO.

RECEIVED & INSPECTED
REQUESTED
7 2004
FCC-MAILROOM

RETI
NAME:

* RM-11032
J. Scott Enright
Vice President
Emmis Radio License Corp.
One Emmis Plaza
40 Monument Circle Suite 700
Indianapolis, IN 46204

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only. No Insurance Coverage Provided)

7002 0510 0000 8378 8211

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	<i>4.42</i>

Sent To: *J. Scott Enright*
Street, Apt. No., or PO Box No. *40 Monument Circle #700*
City, State, ZIP+4[®] *Indianapolis, IN 46204*

PS Form 3811, July 1999 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

* RM-11032
J. Scott Enright
Vice President
Emmis Radio License Corp.
One Emmis Plaza
40 Monument Circle Suite 700
Indianapolis, IN 46204

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) *T. Jefferson* B. Date of Delivery *AUG 20 2004*
- C. Signature *T. Jefferson* ☐ Agent ☐ Addressee
- D. Is delivery address different from item 1? ☐ Yes ☒ No
- If YES, enter delivery address below:

3. Service Type
- | | |
|--|---|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

8378 8211

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952